## Pet Animal Care Facilities Act

Application for Seamed Leg Band

Date of Request			
Name of Facility or Applicant	F	Facility ID( if applicable)	
Address		City	Zip
Telephone			
Species	Description		
Age or Hatch Date of Bird	DateAcquired_		
Source of Bird  Name Address			
Telephone Number			
Reason Unbanded			
Note: Pird hands must be any	aliad using a hird hand	l tool doc	igned to cafely annly
Note: Bird bands must be app the band without injury to th	_	i tooi des	gried to salely apply
Applicable PACFA Regulations			
11.00 I. 1. c. Wholesale/ Retail PACFA Reg Application for Band. Application for a tra documentation to be provided includes al information.  13.00 E. 3. Bird Breeder Facility Regulation Application for Band. Application for a tra	ceable seamed leg band must b I purchase or transfer records, I ns ceable seamed leg band must b	health certific	ates, or quarantine e Commissioner. Necessary
documentation to be provided includes al quarantine information.	l purchase, transfer, or breedin	g records, he	alth certificates, or
Signature of Applicant			
OFFICE USE ONLY			
Band Number(s) Issued			
Band Size			